Bioethical Perspectives on Breastfeeding in Indonesia

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Abstract. Breastfeeding is globally recognized as the most effective and natural method of providing optimal nutrition for infants during the first six months of life. It supports physical growth, strengthens the immune system, and enhances emotional bonding between mother and child. Exclusive breastfeeding is not only a mothers right and responsibility but also a fundamental right of the child to receive proper nutrition during the critical first 1,000 days of life. From a bioethical perspective, breastfeeding involves considerations of both maternal autonomy and infant rights, requiring a balance between respecting the mothers choices and fulfilling the childs entitlement to health and survival. Analyzing breastfeeding within this framework provides a deeper understanding of the ethical dilemmas faced by mothers, healthcare providers, and policymakers in ensuring maternal well-being and infant rights simultaneously. This study employed a literature review with a normative juridical and conceptual approach. Scientific articles, policy documents, and ethical frameworks were analyzed to identify bioethical issues related to breastfeeding practices in Indonesia. The findings show that breastfeeding aligns with bioethical principles by providing significant health and nutritional benefits for both mothers and infants. However, several barriers remain, including the lack of workplace lactation facilities, limited evidence-based education, cultural practices that discourage breastfeeding, and the pervasive promotion of formula milk. These challenges hinder the realization of both the mothers right to breastfeed and the childs right to receive exclusive breastfeeding. Breastfeeding reflects the principle of beneficence by providing maximum health benefits and the principle of non-maleficence by preventing risks to both mother and child. The principle of autonomy emphasizes the mothers right to make informed decisions about breastfeeding, while the principle of justice highlights the importance of equal access to education, facilities, and support systems. Importantly, breastfeeding also embodies the ethical responsibility to protect the childs fundamental right to proper nutrition. This dual perspective underscores that ethical considerations must not only respect maternal autonomy but also safeguard the childs survival and well-being. Addressing these issues requires stronger policies, workplace support, and cultural adaptations to ensure that both rights are upheld in practice. Breastfeeding embodies core values of bioethics by promoting health, respecting maternal autonomy, and ensuring justice in access to care, while also fulfilling the childs right to optimal nutrition. Strengthening public policies, providing workplace facilities, and enhancing education for both mothers and healthcare providers are essential steps to simultaneously guarantee infants rights and respect mothers rights and responsibilities in breastfeeding.

Keywords: *Bioethics, breastfeeding, maternal rights, child rights*.

A. Introduction

Breastfeeding is globally recognized as the most natural and effective way to provide optimal nutrition for babies during the first six months of life. The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding for the first six months because it has been proven to meet all of an infant's nutritional needs without the need for additional food or drink. Breast milk contains a balanced composition of macro and micro nutrients, including carbohydrates, proteins, fats, vitamins, minerals, and bioactive factors that play an important role in supporting infant growth and development. After the baby is six months old, complementary foods can be introduced gradually while continuing to breastfeed until the age of two years or older, as the benefits remain significant for the health of both mother and child (25,23).

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In addition to being a primary source of nutrition, breast milk has a very important immunological function. The Centers for Disease Control and Prevention (CDC) explains that breast milk contains antibodies, enzymes, and other protective factors that help boost the baby's resistance to infection. Babies who are exclusively breastfed have a lower risk of various infectious diseases, such as diarrhea, pneumonia, and respiratory tract infections, and have a more mature immune system than babies who are not exclusively breastfed (6).

Global research published in The Lancet journal by Victora et al. shows that breastfeeding has a positive impact on children's physical growth and cognitive development. Breastfed children have been shown to have better intelligence and a lower risk of chronic diseases such as obesity and type 2 diabetes in adulthood. In addition to providing benefits for individuals, increased breastfeeding practices also have a positive impact on society at large because they can reduce child morbidity and mortality rates and reduce the economic burden of disease (24).

From a psychosocial perspective, breastfeeding plays an important role in forming a strong emotional bond between mother and child. Physical contact and direct interaction during breastfeeding strengthen emotional bonds that impact the development of a child's sense of security, attachment, and mental health. The American Academy of Pediatrics (AAP) emphasizes that the breastfeeding process not only fulfills biological needs but also plays a role in forming healthy social and emotional relationships from early life (1).

Thus, various scientific evidence shows that breastfeeding is a practice that provides multidimensional benefits covering nutritional, immunological, psychological, and social aspects. Therefore, efforts to promote, protect, and support breastfeeding practices need to be continuously improved through health policies, educational programs, and a supportive environment for breastfeeding mothers.

The fulfillment of rights in breastfeeding practice has two main dimensions, namely the rights of mothers and the rights of children. Mothers have the right and responsibility to breastfeed as part of their reproductive rights and universally recognized rights to health (25,23). Through breastfeeding, mothers not only provide nutritional intake, but also carry out moral and social responsibilities in supporting the optimal growth and development of their children. On the other hand, children have the basic right to adequate nutrition from the beginning of life, which is a prerequisite for their survival, health, and quality of life in the future (21). Therefore, breastfeeding needs to be understood as a process that requires protection of the mother's right to breastfeed as well as fulfillment of the child's right to obtain the best nutrition. The state has an ethical and legal responsibility to create conditions that support the fulfillment of both rights through policies that favor working mothers, the provision of lactation facilities in public places and workplaces, and public education on the importance of exclusive breastfeeding (8–10). Thus, the balance between maternal autonomy and children's rights becomes the bioethical foundation for breastfeeding practices that are fair and oriented towards mutual well-being.

Breastfeeding practices are not only related to biological and health aspects, but also reflect complex bioethical dimensions. From a bioethical perspective, there are four main principles relevant to breastfeeding, namely autonomy, beneficence, non-maleficence, and justice (4). The principle of autonomy affirms the mother's right to make conscious and free decisions regarding breastfeeding practices, including the right to obtain accurate information and social and institutional support (20,27). The principle of beneficence requires efforts to provide maximum benefits for the health of mothers and babies, given that breastfeeding has been shown to reduce the risk of infectious diseases, boost immunity, and strengthen the emotional bond between mother and child (24,1).

Meanwhile, the principle of non-maleficence emphasizes the obligation to prevent harm or loss, both to mothers and babies. Aggressive promotion of formula milk and lack of breastfeeding facilities in the workplace can be considered a violation of this principle, as it has the potential to hinder exclusive breastfeeding (15,17). The principle of justice refers to equitable access to facilities, education, and policies that support breastfeeding practices, including maternity leave, lactation rooms, and legal protection for breastfeeding mothers in public spaces and workplaces (8–10,22).

Thus, the application of these four bioethical principles in breastfeeding policies and practices is important to ensure that the rights of mothers and children are fulfilled in a balanced manner. This approach emphasizes that breastfeeding is not only a biological act, but also a form of respect for human dignity, social justice, and the moral responsibility of the state towards future generations.

B. Method

This study uses a literature review with a normative and conceptual legal approach. Scientific articles, policy documents, and ethical frameworks were analyzed to identify bioethical issues related to breastfeeding practices in Indonesia (2,3,7).

C. Result and Discussion

Findings show that breastfeeding practices represent the application of bioethical principles, particularly beneficence and non-maleficence, as they provide significant health and nutritional benefits for mothers and babies. Exclusive breastfeeding has been shown to reduce the risk of infection, improve children's cognitive development, and accelerate mothers' postpartum recovery (1,6). However, a review of the literature reveals that there are still a number of structural, social, and cultural barriers that hinder the optimization of breastfeeding practices in Indonesia. These barriers include limited lactation facilities in the workplace, a lack of evidence-based education on lactation management, cultural pressures, and the strong influence of advertising for breast milk substitutes (15,7,14).

From a legal perspective, Law No. 17 of 2023 on Health has reinforced the right of infants to receive exclusive breastfeeding and the state's obligation to support the breastfeeding process as stipulated in Article 42 paragraphs (1)–(4) and Article 43 paragraphs (1)–(2). This regulation confirms that breastfeeding can be continued until the age of two, unless there are clear medical indications (9). However, field findings show that the reasons for using formula milk are often not entirely based on medical indications, but rather on non-medical factors such as stress, lack of psychological support, and incorrect breastfeeding techniques that prevent optimal milk production. This condition shows that low breast milk production is often the result of improper breastfeeding and suboptimal function of the hormones prolactin and oxytocin due to emotional stress, rather than the biological inability of the mother (7,6). Thus, the use of formula milk should be the last resort after efforts to improve breastfeeding techniques and provide maximum lactation support have been made.

Furthermore, Law Number 4 of 2024 concerning the Welfare of Mothers and Children in the First Thousand Days of Life strengthens the protection of mothers' rights by regulating the right to breastfeeding leave and the obligation to provide supporting facilities for mothers in the workplace and public spaces (10). Its technical implementation is outlined in Government Regulation No. 28 of 2024, which regulates lactation rooms, restrictions on formula milk promotion, and health worker support for breastfeeding practices (8).

However, the gap between legal norms and implementation is still quite evident. The lack of supervision of the implementation of regulations, employers' weak understanding of the importance of lactation facilities, and the massive influence of advertising for breast milk substitutes exacerbate this situation (15,14). In the context of bioethics, these conditions indicate that the principles of justice and autonomy have not been optimally applied, as mothers often do not receive adequate support to make breastfeeding decisions free from social, economic, or psychological pressure (20,22). Therefore, increasing public awareness, training health workers on lactation management, and implementing bioethics-based policies are key to ensuring a fair and humane balance between the rights of mothers and children.

D. Conclusion

Breastfeeding reflects core bioethical values by promoting health, respecting maternal autonomy, and ensuring equity in access to care. Breastfeeding is not only a biological act, but also a moral decision that requires a balance between the mother's right to make free choices and the child's right to obtain optimal nutrition. The principles of beneficence and non-maleficence are reflected in the significant benefits of breast milk for the health of mothers and babies and the prevention of long-term disease risks, while the principle of autonomy guarantees mothers' freedom to make informed decisions. On the other hand, the principle of justice affirms that every mother has the right to equal support in the form of facilities, information, and legal protection in order to carry out her breastfeeding role in a proper and dignified manner (4,1,6,9,10,15,20,22,24,25).

Structural barriers such as limited lactation facilities in the workplace, socio-cultural

pressures, and aggressive promotion of formula milk indicate that these rights have not been fully fulfilled. Within the Indonesian legal framework, the strengthening of regulations through Law No. 17 of 2023 on Health, Law No. 4 of 2024 on Maternal and Child Welfare, and Government Regulation No. 28 of 2024 have been important steps in clarifying the responsibilities of the state and employers in supporting breastfeeding practices. However, their implementation still requires increased cross-sectoral commitment and ethical awareness in society.

Thus, strengthening ethics-based public policies, providing breastfeeding-friendly facilities in the workplace and public spaces, and improving education for mothers and health workers are crucial steps to ensure children's rights to optimal nutrition are fulfilled while respecting mothers' rights and responsibilities in breastfeeding. An integrative approach between ethics, law, and socio-culture will ensure that breastfeeding practices are not only an individual choice but also part of a collective responsibility in ensuring health equity for future generations.

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